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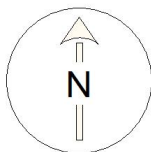
State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 087	Agency Case No. B5-054240	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/18/2015		TIME OF ACCIDENT 1730	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1734	06/19/2015	
B 77	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 8th St - G St to F St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 2	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		40.00		X	G St	
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13179597		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER	JACOB L SEARS		PHONE	4029040231	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	10/29/1990	
G 2	OWNER	JACOB L SEARS		PHONE	4029040231	
V1/O 1	VEHICLE	YEAR 1988	MAKE Chevrolet	MODEL K1500	BODY STYLE Pickup truck	COLOR red
V2/O 2	VEHICLE ID NO. (VIN)	2GCEK14K9J1277060		INSURANCE COMPANY	VIKING INS CO	
I 1	DRIVER LICENSE NO.	M324501848010		STATE (Of License)	FL	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	KERRY A MITCHELL		PHONE	4028805879	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/21/1984	
J 01	OWNER	KERRY MITCHELL		PHONE	4028805879	
V1/Q 4	VEHICLE	YEAR 1997	MAKE Oldsmobile	MODEL Achieva	BODY STYLE 4 door Sedan	COLOR white
V2/Q 4	VEHICLE ID NO. (VIN)	1G3NL52T0VM312630		INSURANCE COMPANY	PROGRESSIVE	
K 01	TOWED TO	TOWED BY		POLICY NO.	15882354	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

INDICATE BY DIAGRAM WHAT HAPPENED

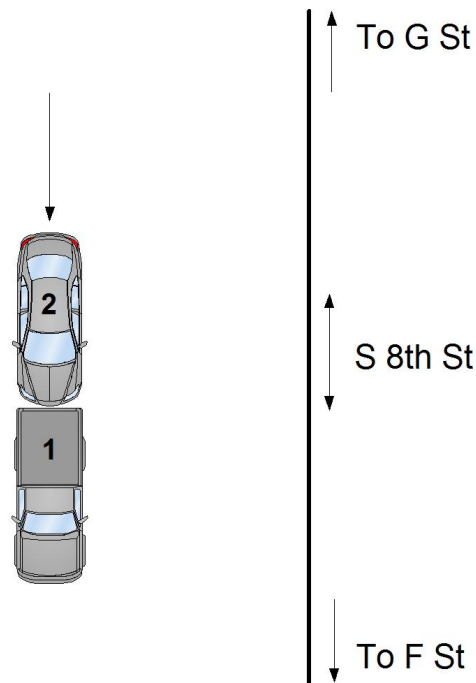
Indicate North by Arrow



*Not To Scale*

POI: 40' S of S curbline of G St  
8' E of W curbline of S 8th St

All measurements are approximate



D1 stated he was SB on S 8th St approaching G St. D1 said he yielded to pedestrians crossing EB on G St in the crosswalk. D1 said he continued a few feet but stopped again due to more pedestrians. D1 said D2 then accelerated rapidly and collided into the rear of his veh. D2 stated she was stopped at a stop sign WB on G St at S 8th St. D2 said she obs D1 on his phone and stopped SB for no apparent reason. D2 said once D1 continued SB, she turned SB onto S 8th St directly behind him. D2 said while both were SB on S 8th St between G St and F St, D1 slammed on his brakes for no apparent reason causing her to collide in the rear of his veh. W1 obs both drivers SB on S 8th St. W1 obs D1 slam on his brakes and stated it appeared intentional due to verbal altercations between the drivers. W1 stated there were no pedestrians, traffic or hazards giving D1 reason to brake. D1 cited/released for careless driving.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME <b>Marisa Navarro 840 S 8th St, LINCOLN, NE 68508</b>				PHONE <b>402-570-6978</b>
	NAME				PHONE
<b>VEHICLE MOVEMENT BEFORE COLLISION</b>		<b>POINT OF IMPACT AND MOST DAMAGED AREA</b> <i>(Enter numbers for each vehicle)</i>		<b>AIRBAG DEPLOYED VEHICLE 1</b>	<b>RESTRAINT USE VEHICLE 1</b>
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME
1		X			S 8TH ST
2		X			S 8TH ST
1	11	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown </div> <div style="width: 45%; text-align: center;"> </div> </div>			
2	01				
VEHICLE 1		VEHICLE 2		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown </div> <div style="width: 45%;"> 1 None used - vehicle occupant 2 Lap &amp; shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown </div> </div>	
POINT OF IMPACT	05	POINT OF IMPACT	01		
MOST DAMAGED AREA	05	MOST DAMAGED AREA	01	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>VEHICLE 2</b>  </div> <div style="width: 45%;"> <b>VEHICLE 2</b>  </div> </div>	
00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		02   03   04 01   05 08   07   06			
OFFICER NO. <b>1693</b>		TROOP/ TEAM/ BEAT <b>7</b>		DEPARTMENT <b>Lincoln Police Department</b>	
INVESTIGATOR NAME <i>(Print or Type)</i> <b>Charity Hamm</b>				INVESTIGATOR SIGNATURE <b>Approved by Officer Charity Hamm</b>	
DATE OF REPORT <b>06/19/2015</b>				<b>Photographs taken?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	